

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
————(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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700335952847

16/28/19--01641--016 **25.00



Amend

NOV 2 5 2019 D CUSHING

COVER LETTER

Division of Corp	porations			
	EL EVENT RENTALS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	NEAL K SHIKARPURI			
		Name of Person		
	-	Firm/Company		
	4190 GRANDCHAMP CI	RCLE		
	PALM HARBOR, FL 346	Address 85		·
	NSHIKARPURI@GMAIL			
	E-mail address: (to be used for future annual report notif	ication)	÷'
For further information co	oncerning this matter, please ca	all:		· 6
NEAL K SHIKARPURI		813 619-3841 at ()		
Name of	f Person	Area Code Daytimo	Telephone Number	
Enclosed is a check for th	e following amount:			٠٠. ٢٠ - ٢٠
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00,Filing Fee, Certificate of Stat Certified Copy (additional copy is end	tus &

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXT LEVEL EVENT RENTALS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L19000168849	oany were filed on 06/27/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
		<u> </u>
Enter new mailing address, if applicable:		9 :
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		-3
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	· ·	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	NEAL K SHIKARPURI	4190 GRANDCHAMP CIRCLE PALM HARBOR, FL 34685	= Add
			□ Remove
			Change
		Remove	
			Change
			Add
		□ Remove	
		☐ Change	
		Add	
		□ Remove	
		Change	
		□ Add	
		☐ Remove	
	 	□ Change	
	 	☐ Remove	
			Change

). II ameņ	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
_	
_	
(If an effective Note: 1	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	October 24 . 2019.
	7.
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00